

U.S. Department of Justice  
United States Marshals ServiceRECEIVED  
PROCESS RECEIPT AND RETURNSee Instructions for "Service of Process by the U.S. Marshal"  
on the reverse of this form

PLAINTIFF	UNITED STATES OF AMERICA	COURT CASE NUMBER	97-1284 (SEC)
DEFENDANT	OUL located at 3 BE-Santa Juanita, etc.	TYPE OF PROCESS	Order
<b>SERVE</b> ➔ <b>AT</b>	NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC., TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN		
	Property Registrar Bayamon I		
	ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code)		
	Calle Marginal al lado Hosp. Hermanos Melendez		
	Bayamon, P. R.		

SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW:

Maritza Gonzalez de Miranda  
ASSISTANT U. S. ATTORNEY  
#350 CHARDON ST.  
SUITE 1201 - TORRE CHARDON BUILDING  
HATO REY, P. R. 00918

Number of process to be  
served with this Form - 285

1

Number of parties to be  
served in this case

1

Check for service  
on U.S.A.SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All  
Telephone Numbers, and Estimated Times Available For Service):

Fold

Fold

Signature of Attorney or other Originator requesting service on behalf of:	<input checked="" type="checkbox"/> PLAINTIFF <input type="checkbox"/> DEFENDANT	TELEPHONE NUMBER	DATE
Maritza Gonzalez de Miranda, AUSA		751-8506 787	10-4-04

## SPACE BELOW FOR USE OF U.S. MARSHAL ONLY — DO NOT WRITE BELOW THIS LINE

I acknowledge receipt for the total number of process indicated. (Sign only first USM 285 if more than one USM 285 is submitted)	Total Process	District of Origin No. 69	District to Serve No. 69	Signature of Authorized USMS Deputy or Clerk	Date
	1			<i>[Signature]</i>	10/5/04

I hereby certify and return that I ☐ have personally served, ☐ have legal evidence of service, ☒ have executed as shown in "Remarks", the process described  
on the individual, company, corporation, etc., at the address shown above or on the individual, company, corporation, etc., shown at the address inserted below.☐ I hereby certify and return that I am unable to locate the individual, company, corporation, etc., named above (See remarks below)

Name and title of individual served (if not shown above)

☐ A person of suitable age and dis-  
cretion then residing in the defendant's  
usual place of abode.

Address (complete only if different than shown above)

Date of Service Time am

10/13/04 4:45 PM  
Signature of U.S. Marshal or Deputy

Service Fee	Total Mileage Charges (including endeavors)	Forwarding Fee	Total Charges	Advance Deposits	Amount owed to U.S. Marshal or	Amount of Refund
\$8.00			\$8.00			

REMARKS: Documents were sent by mail and received back  
on 10/15/04.

**CARLOS M. PORTALATÍN VÁZQUEZ**

**CARRETERA 167 - CENTRO GUB.BAYAMON PISO 2**

**Telefono 787-787-5411**

**ENTRADA N°: 14382**

**Del año 2004**

**ASIENTO N° : 1217 Diario 1239**

**Presentado el día 13/10/2004**

**a las 13:45**

**Presentante : U.S. MARSHAL SERVICE,**

**Interesado : U.S. MARSHAL DISTRICT OF P.R.,**

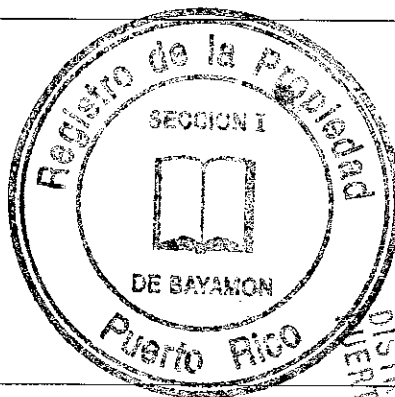
**Naturaleza : Escritura publica**

**Objeto : HIPOTECA**

**Protocolo: 377 de 30/09/2004**

**ROBERTO A: COMBAS MARTINEZ**

EXENTO DEL PAGO



RECEIVED  
UNITED STATES  
MARSHAL  
OCT 15 2 52 PM '04  
DISTRICT OF  
PUERTO RICO